

## OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE					
REPORT TAKEN	<input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED	2		CRASH SEVERITY (CHECK MOST SEVERE)		<input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY		COMBINED VEH/PROP LOSS	<input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150	HIT SKIP	<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED	
IN COUNTY OF WARREN		IN <input checked="" type="checkbox"/> CITY				LEBANON		DATE OF CRASH:		DAY	TIME: MILITARY		
CRASH OCCURRED ON		485 La Luz Blvd				WITHIN THE INTERSECTION OF		081205114		MON	1529		
IF NOT IN INTERSECTION		(LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)				CITY CODE		8321					
LOG-1		LOG-2		LOC JUR FH9 FILT									
A	UNIT NO.	NO OF OCCUPANTS	0		OPERATING	PARKED	DRIVERLESS	HIT & RUN NON CONTACT	INSURANCE CO OR AGENT	Allstate			
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION				
OWNER (IF SAME AS DRIVER, WRITE SAME)		Payne, Alecia R.				ADDRESS				485 La Luz Blvd # 102 Leb, OH			
PHONE		513-409-5225											
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR					
2007	Chevrolet	Cavalier	Red	2S	OH	GBF 7205		FROM W TO E					
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE			
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
8	UNIT NO.	NO OF OCCUPANTS	2		OPERATING	PARKED	DRIVERLESS	HIT & RUN NON CONTACT	INSURANCE CO OR AGENT	Anuity			
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)				ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)									
Adamski, Mellicha				485 La Luz # 201 Lebanon, OH 45036									
PHONE NO.		BIRTH DATE	AGE	SEX	SOCIAL SECURITY NO.		STATE	DRIVER'S LICENSE NO.	OCCUPATION				
513-390-9036		06107181	33	F			OH	5B22328					
OWNER (IF SAME AS DRIVER, WRITE SAME)				ADDRESS				PHONE					
SAME													
VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR					
1998	Mercury	Marquis	Silver	4-Dr	OH	GBH 2164		FROM W TO E					
CIRCLE DAMAGE AREAS		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY		DAMAGE SCALE		VEHICLE DISPOSITION		FIRE			
				<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		<input type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		<input type="checkbox"/> DRIVEN AWAY <input checked="" type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE			
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES					
		Wilson, Michael		08104182		A B C D E F		A B C D E F					
		ADDRESS		PHONE	SEX								
		731 Southline Dr Lebanon, OH		513-652-8406									
D.	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES					
		ADDRESS		PHONE	SEX								
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES					
		ADDRESS		PHONE	SEX								
F.	FROM UNIT NO.	NAME (LAST, FIRST, MI)		BIRTH DATE	AGE	POSITION		INJURIES					
		ADDRESS		PHONE	SEX								
A B C		INJURED TAKEN TO		By		A B C D E F		ALCOHOL					
D E F								A B C D E F					
A B C		INJURED TAKEN TO		By		A B C D E F		A B C D E F					
D E F								A B C D E F					
A		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD		A B C D E F		A B C D E F					
O		OFFENSE CHARGED AND DESCRIPTION		ORC CITY ORD		A B C D E F		A B C D E F					
RECEIVED CALL		DISPATCHED	ARRIVED	CLEARED	OTHER TIME	TOTAL MINUTES		A B C D E F					
1529		1531	1537	1545	10	00off 18		A B C D E F					
DATE REPORT FILED		PHOTOS	OFFICER'S NAME		BADGE NO.	CHECKED BY		A B C D E F					
08100514		YES NO	Ptl C Braci		126			A B C D E F					
1 NOT EJECTED		2 PARTIAL		3 TOTAL		4 TRAPPED INSIDE VEHICLE		A B C D E F					
1 NO DRUGS DETECTED		2 USING PRESCRIBED DRUG		3 USING ILLICIT DRUG				A B C D E F					

CAL FILE NO

2014-14,644

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION